

	(Requestor's Name)
	(Address)
	(Address)
•	(Address)
	(Čity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	,
•	(Document Number)
0 15 10 1	
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 453242 8322602 AUTHORIZATION : COST LIMIT : ORDER DATE: February 1, 2022 ORDER TIME : 2:36 PM ORDER NO. : 453242-005 CUSTOMER NO: 8322602 DOMESTIC FILING NAME: DALLAS NATIONAL APTS 1-3 LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX ARTICLES OF ORGANIZATION

____ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

XX ___ CERTIFIED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

COVER LETTER

	w Filing Section vision of Corporations						
SUBJECT:	Dallas National Apts 1-3 LLC						
SUBJECT: Name of Limited Liability Company							
The enclose	d Articles of Organization and fe	e(s) are submitted	for filing.				
Please retur	n all correspondence concerning	this matter to the	following:				
	Carlos E. Gonzalez						
		Name of	Person				
	AHS Residential, LLC						
	-	Firm/Co	mpany				
	12895 SW 132nd St						
		Addr	ess				
	Miami, FL 33186						
	merino@ahsresidential.com	City/State an	d Zip Code				
_		e used for future a	innual report notificat	ion)			
For further in	formation concerning this matter,	please call:	·	·			
•	Carlos E. Gonzalez	305 at (255-5527				
	Name of Person		Daytime Telephon	e Number			
Enclosed is	a check for the following amount						
□\$125.00 l	•	Fee & □\$15 tus Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE

	Alexan be used this
ARTICLE I - Name: The name of the Limited Liability Company is:	2022 FEB - 1 AM 8: 15 :
Dallas National Apts 1-3 LLC	
(Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t Principal Office Address:	the Limited Liability Company is: Mailing Address:
12895 SW 132nd St	12895 SW 132nd St
Miami, FL 33186	Miami, FL 33186
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent as	re:

Corporation Service	Company				
	Name				
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
Tallahassee	FL_	32301			
City	State	Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.. Corporation Service Company

By Clianis Waibrd, assumer vo practing
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

2022 FEB -1
68 3
"
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 5

this date will not be listed as
mber.
Florida Statutes.
artment of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)